

Case Details

Case Info: _____

Date: _____

Dentist: _____

Phone: _____

Address: _____

Date Required: _____

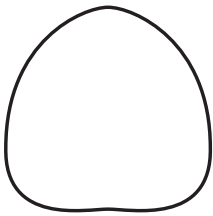
Patient Details

Name: _____

Age: _____







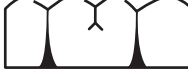








Gender: _____

Shade Detail



- ☐ Porcelain To Non-Precious
- ☐ Porcelain To Semi-Precious
- ☐ Porcelain To Gold
- ☐ Full Cast Gold
- ☐ Zirconia
- ☐ Bruxzir
- ☐ e.max Crown
- ☐ Veneers
- ☐ Attachment or Implant

Instructions

CERAMIC SHADE		MARGIN DESIGN	
 Cracklines Transparency Translucency Shade: _____ Use Vita/Bioform Shade Guide	Lingual Metal 	Metal Occlusal / Metal Lingual 	
	Porcelain Margin 	Full Metal Collar 	
CONTACTS		PONTIC DESIGN	
Occlusal Stain <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> No Normal  Heavy & Broad 	Standard (Modified Ridge) 	No Contact 	
	Point Contact 	No Ridge 	
Occlusal Contact:    <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> No	If Insufficient Occlusal Clearance... _____ Metal Occlusal _____ Reduction Coping _____ Adjust Opposing		
	Below Ridge (Bullet) 		

CASE ID: _____